## NOV 0 6 2006

## FAX TRANSMISSION

DATE: November 6, 2006

PTO IDENTIFIER: Application Number 10/050,034

**Patent Number** 

Inventor: Jan SIMAL

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

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PAGES (Including Cover Sheet): 2 /0

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Petition for Extension of Time PTO/SB/22 (1 page) Request for Continued Examination (RCE) (1 page)

Amendment under 37 CFR 1.114 (5 pages)

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PTO/SB/97 (09-04)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2006				Complete if Known Application Number 10/050,034				
				Application Number		January 17, 2002		
				Filing Date		Jan SIMAL		
						M. Thier		
Applicant claims small entity status. See 37 CFR 1.27						2617		
TOTAL AMOUNT OF PAYMENT (\$) 910.00						449122020600		
	7 mortey booker	110.						
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		G FEES Small Entity	SE	ARCH FEES Small Entity	EXAMIN	IATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description Each claim over 20 (including Reissucs)							Fee (\$) 50	<u>Fee (\$)</u> 25
Each independent claim over				200	100			
Multiple dependent claims							360	180
<u>Iotal Claims</u> Extra Claims Fee (\$) Fee F				Paid (\$)	Mı	ultiple Depende	nt Claims	
16 -20 = 0 x = =					<u>Fe</u>	<u>e (\$)</u>	Fee Paid (\$	1
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra Claims Fee (\$) Fee Pald (\$)								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within second month 120.00								
Other (e.g., late filing surcharge): 1231 Extension for response within second month 120.00 1801 Request for continued examination (RCE) (see 37 790.00								
SUBMITTED BY /								
Signature	-84-	1	$\overline{}$	Registration No. (Attorney/Agent)	43,148	Telephone	(703) 760	)-7762
Name (Print/Type) Kevin R. S	Spivak 7	$ \leftarrow $		t nelvadend		Date 1	November	
	<del></del>	<del>)</del>		<del></del>		<del></del>		